

Washington State
Board of Health



2006 Annual Report

Mission

The Board's mission is to provide statewide leadership in advancing policies that protect and improve the public's health.

This mission is achieved by:

- Reviewing and monitoring the health status of all people in Washington.
- Analyzing policies, providing guidance, and developing rules.
- Promoting system partnerships; and
- Encouraging public engagement in the public health system.

About the State Board of Health



The Board is part of a statewide network of public health agencies that are always working for a safer and healthier Washington.

Safeguarding the public's health is an essential government service. Since the beginning of statehood, the State Board of Health has played a critical role in meeting this obligation to the people of Washington. It is the only state board mandated in the 1889 State Constitution, but Washington has a long tradition of using boards and commissions to encourage citizen participation across all levels of government.

Some of these boards and commissions are advisory—they study existing policy and make recommendations for changes or implementation. Others are policy making—they may have oversight authority over state agencies and they may have regulatory powers, performing rule-making or quasi-judicial functions. All provide important links between the public and the various parts of state

government, including executive agencies, the Legislature, and the Governor.

The State Board of Health has fulfilled all of these functions. Originally its members, mainly physicians selected for their medical expertise, had authority over nearly all health-related rules in this state, including professional practices and hospital regulation. As a policy making board, it had governing authority over many activities of the Department of Health (which was also, for a time, the Division of Public Health within the Department of Social and Health Services).

In 1984, the Legislature reconfigured the Board, giving regulatory activities implemented centrally by the state over to DSHS and later the Department of Health. Activities regulated by the state but implemented jointly or exclusively by local public health remained with the reconfigured Board. These activities include many of the traditional functions of public health, such as communicable disease control and environmental health sanitation.

In short, the Legislature created a nexus for shared policy making. The Department of Health is represented by the Secretary or a designee. Local health jurisdictions are represented by a local health officer. Cities and counties are represented by elected officials. There are two slots to represent consumers. Finally, four members represent health and sanitation, assuring that the Board has access to the medical and scientific expertise it needs to make sound decisions (legislation passed this year requires that one of those four be from a federally recognized tribe).

Because of the highly collaborative nature of the state's public health system, the Board is as relevant today as it was more than a century ago. Today's Board divides its time between three related responsibilities—rule-making, policy development, and providing a public forum through which citizens can help shape state health policy. The Board is also an active part of a network of public health agencies that work together to provide a safer and healthier Washington.

Rule-making

The Board is responsible for a wide range of health rules. These rules define a system that alerts us to new disease threats, keeps our food and drinking water safe, prevents and controls the spread of communicable diseases, ensures that our children receive appropriate and timely health screenings and immunizations, helps ensure that septic systems don't contaminate streams and groundwater, and enhances the safety of a wide range of facilities Washingtonians use every day—pools, schools, restaurants, camps, outdoor concert venues, hotels and resorts, and more.

Policy Development

The Board's duties include recommending health policy in Washington State. Its authorizing statute empowers it to advise the Secretary of Health and "to explore ways to improve the health status of the citizenry." In recent years, the Board has increased its policy activities to help point the way to new opportunities for public health improvement.

Periodically, the Board identifies high priority areas for policy development. In January 2006, the Board adopted a strategic plan that will guide its policy work over the next several years. The remainder of this report discusses some of the policy initiatives the Board will undertake as it implements that plan.

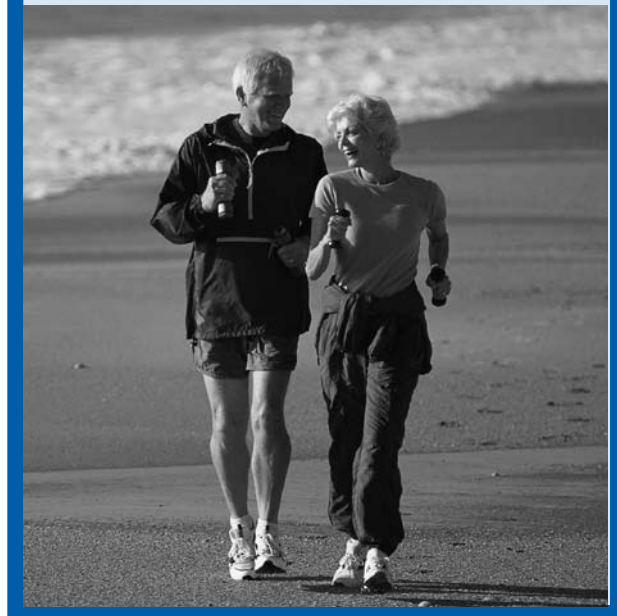
Every two years, the Board is responsible for generating a state health report for the Governor's consideration. Once approved by the Governor, the report provides guidance to agency heads as they develop budgets and craft request legislation for the upcoming biennium. In 2006, the Board collaborated with the Governor's Office and other state health agencies to draft a state health report that was adopted by the Governor and informed state priorities for the 2007–09 Biennial Budget.

Public Engagement

A central part of the Board's mandate is to bring the public into the policy development process. Its meetings, which are held across the state, provide a forum for public testimony on any health subject, and it regularly holds public hearings on specific topics. In 2006, it held public forums in Spokane, Kennewick, and King County to help shape the state health report. It takes seriously its commitment to engage stakeholders and the general public in all rule-making, and state government looks to the Board to convene forums on emerging health issues.

2006 Rule Reviews

- Dead Animal Disposal
- Deceased Human Remains
- Food Worker Cards
- Group B Public Water Systems
- HIV Name Retention
- Immunizations
- Newborn Screening
- Onsite Sewage Systems
- School Environmental Health and Safety



An Ounce of Prevention



The work of public health is to:

- Prevent disease
- Promote health through information
- Help communities to be healthy places to live, work, and play

In 2006, headlines about human cases of West Nile virus in Washington, highly drug resistant tuberculosis, and the spread of avian influenza that has the potential to evolve into something readily transmissible from person to person reminded us of the importance of public health. The tools public health uses to prepare for and try to prevent these threats, as well as the tools it will use to respond to human outbreaks, include disease surveillance, laboratory testing, epidemiology, environmental health controls, distribution of medicines and vaccines, health education, and more. These are the same tools public health uses every day as it quietly works around the clock—and often behind the scenes—to protect the public's health and safety from a wide array of threats.

Public health is about understanding, preventing, and controlling disease and injury across our entire population. It is a public-private partnership that improves, protects, and promotes health by applying science to medical practice, personal behavior, and public policy. Hospitals, clinics, and other medical providers focus on delivering care to individuals; public health focuses on the entire community.

Public health measures are responsible for about 80 percent of the 30-year increase in life expectancy in this country in the past century. A large part of the early increases came through reducing the public's exposure to contaminants in water, food, and air. Recent successes have been achieved through health education. Diminishing use of tobacco is such a public health success story. Fewer young people are smoking and adult users are quitting. A well-funded multi-pronged program of public awareness campaigns; cessation treatment; and community and school-based programs is responsible.

Advances in medical techniques continue to increase longevity by preventing premature death from heart disease, cancer, stroke, and diabetes. However, these diseases are largely influenced by lifestyle. Obesity and asthma rates are increasing, especially in children. The public health community has a role in helping prevent these chronic diseases by promoting healthy diet, regular exercise, and reduction of exposure to second-hand smoke.

Many members of the community lack access to health care. Public health works in partnership with many community organizations and health care providers to try to address this problem. Preventing disease is more cost effective than treating disease.

A Daily Dose of Public Health

Every day, State Board of Health policies make Washington State a safer and healthier place to live, work, and play. For example:

- ▶ About 210 newborn babies are screened daily for genetic disorders, many of which could be fatal if left undiagnosed and untreated. The Board determines which disorders are included in these mandatory screenings.
- ▶ More than 5 million people enjoy safe and reliable drinking water each day due to Board rules implemented by state and local health departments.
- ▶ On a typical day, more than 2.5 million people eat in Washington State's restaurants with confidence. Board rules establish standards for restaurants, guide food safety inspection programs, and require food workers to receive training in safe food handling.
- ▶ More than 1 million children attend school each day protected against disease outbreaks. More than 160,000 children in child care facilities enjoy the same protection. That is because 95 percent of children entering child care and school are immunized against vaccine-

preventable diseases identified by the Board.

- ▶ On any given night, about two-thirds of Washington State's 84,000 lodging units are occupied. Guests can sleep more soundly knowing the Board rules establish health and safety standards for "transient accommodations."
- ▶ More than 800,000 homes in this state rely on septic systems including 30 percent of new homes. Home owners and their neighbors are protected by the Board's onsite sewage system rules.
- ▶ Though the number of swimmers each day varies widely, more than 1 million Washingtonians swim at least once a year, and some 750,000 are in the water regularly. Whether at a local pool or the beach, Board rules help protect water quality and assure safe facilities.

Everyone in Washington State benefits from services like drinking water safety, restaurant inspections, and communicable disease prevention and control.



Increase Capacity of the Public Health System

At the end of the 2006 mosquito season, West Nile virus appeared in earnest in Washington State. The state reported its first locally acquired human cases and several deaths of birds and horses. Based on the experiences of other states, a serious outbreak is possible in 2007. This news, along with repeated threats to our health from new and re-emerging diseases like SARS, the possibility of bioterrorism and, potentially, pandemic flu, underscore the importance of ensuring all Washington residents have access to a strong, integrated system of public health and health care programs.

The Board has been an active participant in discussions on ways to provide stable funding that will support a fully functioning public health system that is staffed, trained, and equipped to meet today's challenges. Throughout 2006, it actively participated in hearings of the Joint Select Committee on Public Health Financing and worked with the Department of Health and local health jurisdictions to assemble a list of statewide priorities for putting new funding to use. The joint select committee has recommended that the 2007 Legislature provide

a \$50 million per year infusion of state dollars into the public health system.

The Board continues to be part of the Public Health Improvement Partnership, along with the Department of Health, the Washington State Association of Local Public Health Officials, and the University of Washington School of Public Health and Community Medicine. The Board is represented on the partnerships' governing body and staff members participate in work groups.

The Board regularly meets with local boards of health to improve communication, engage local policy makers in public health issues, solicit input for the *Washington State Health Report*, learn about local concerns, and promote local awareness of Board activities. It constantly works to improve its own organizational capacity, and it is committed to working with tribes and urban Indian groups to identify ways the Board can support their efforts to increase their public health capacity. The Board also looks for ways it can use its rule-making authority to improve public health's capacity to control the spread of human disease.



Assure Access to Critical Health Services

The Board values community health improvement above all, and promotes universal access to a core set of services as the best way to ensure health across the population. These services begin with traditional public health interventions, but also include personal medical services (including mental and dental services) that improve health communitywide.

During 2001, the Board produced a Menu of Critical Health Services that have proven to be effective in addressing community health problems. In December 2002, it approved a detailed status report on efforts to promote its evidence-based, public health approach with state health care purchasers and local health jurisdictions. And in October 2003, it endorsed health care reform that would fund universal access to core services by promoting efficiency and prioritizing services.

Assuring access to critical health services remains one of the Board's goals for 2005-07. The Board promotes the use of its Menu of Critical Health Services in policy and purchasing decisions. It looks for opportunities to help the public and key partners understand the benefits of pooling risks and consolidating health insurance administration. It encourages insurers to improve the availability, affordability, and delivery of preventive health care for children.

It continues to support implementation of the Public Health Improvement Partnership's access standards. Finally, it regularly invites local officials and community leaders to come before the Board and discuss local efforts to improve access.

One of the Board's new strategic objectives is to "promote access to preventive mental health services." Exactly what constitutes mental health prevention is not well understood. The Board is part of a statewide workgroup, convened by the Mental Health Transformation Project, that is developing a prevention-oriented, population-based, and evidence-based model for promoting mental health.

The Board has also participated in the Blue Ribbon Commission on Health Care Costs and Access process. In September, the Board's Access Committee submitted a proposal that called for: (1) identifying a core set of health services that the state could assure

everyone had access to (using the 2001 menu as a starting point); (2) reintegrating public health, personal health care, and mental health; (3) consolidating administrative structures to control health care costs; (4) creating a single risk pool to ensure affordability of health insurance; and (5) allowing for alternatives to the eroding employer-based system for providing health insurance. Board staff testified about the Board's menu and the need to define a core set of benefits at an October commission meeting.



Reduce Health Disparities



directly to the Board's past and present work on health disparities.

The first two bills, Second Substitute Senate Bill 6193 and Engrossed Senate Bill 6194, authorized the Department of Health to collect survey data related to health workforce supply and demographics and to establish an ongoing

multicultural health awareness and education program for health care professionals. The Board's groundbreaking 2001 report on the lack of diversity in the health care workforce had called for better data gathering to determine the racial and ethnic makeup of health care providers in the state.

Substitute Senate Bill 6196 required that one of the four members of the Board experienced in health and sanitation be a health official from a federally recognized tribe.

Finally, Second Substitute Senate Bill 6197 created the Governor's Interagency Coordinating Council on Health Disparities and required the Board to provide staff support. The Council is charged with creating a state action plan by 2012 for eliminating health disparities in Washington state; establishing advisory

committees to address specific issues; making recommendations for improving the availability of culturally appropriate health literature and interpretive services; and promoting communication among and between state agencies, communities of color, the public sector, and the private sector to address health disparities.

In addition, SSSB 6197 authorized the Board to conduct health impact reviews in collaboration with the Council. Health impact reviews are evaluations conducted at the request of the governor or a legislator to determine how policy and budget proposals are likely to impact health disparities and affect social determinants of health.

The Council has 17 members: a chair appointed by the governor; representatives of 14 state agencies, boards and commissions; and two members of the public. In July 2006, the Board selected Frankie Manning to serve as its representative on the Council. By October 2006, the Governor had appointed Vickie Ybarra as the Council's Chair and Emma Medicine White Crow and Gwendolyn Shepherd as the Council's two public members. In addition, the commissions and state agencies with seats on the Council had appointed their representatives (see sidebar) and the Board had hired new staff and undergone reorganization to support both

The term "health disparities" describes the disproportionate burden of disease, disability, death, and other adverse health conditions that exist among specific populations or groups. Many factors interact to produce health disparities, including differences in education, employment, income, healthful living conditions, access to appropriate health care, and other social determinants of health.

The Board has considered health disparities as a priority for more than five years and supported the recommendations from the Joint Select Committee on Health Disparities that were published in November 2005. In 2006, the Legislature passed four bills that implement those recommendations. The package related

the Board's and Council's health disparities activities.

On October 20, 2006, the Council held its first meeting and public forum in conjunction with the Fifth National Conference on Quality Health Care for Culturally Diverse Populations. The meeting provided an opportunity to introduce the Council members and to solicit ideas from the public on the future work of the Council. The more than 80 members of the public who attended provided valuable input about the prioritization of health outcomes, strategies to effectively engage the public, and other issues that the Council should consider.

In December, the Council held its second meeting. Members received an overview of information, resources, and reference material on health disparities, discussed the Council's work plan, reviewed forms and procedures for requesting and completing health impact reviews, and received comments from the public.

In 2007 and beyond, the Board will continue to provide assistance and support to the Council as it finalizes its work plan and begins implementation. Future activities include, but are not limited to, the hiring of an additional Board staff member to work on health impact reviews, the development of a communications plan, and an assessment of the extent to which currently available health literature and interpretive services are culturally and linguistically appropriate.

During 2006, the Board continued to work on other health disparities projects such as: planning

a 2007 summit to examine the link between health disparities and the academic achievement gap and holding an educational session on infant mortality focused on health disparities. In addition, the Board solicited public input on health disparities at the three public forums it conducted to help inform the *2006 Washington State Health Report*. The Board heard about barriers and solutions affecting health disparities and detailed them in the 2006 report.



Health Disparities Council Members

| | |
|---|-----------------------------------|
| Governor Representative | Vickie Ybarra, RN, MPH, Chair |
| Commission on African American Affairs | Winona Hollins-Hauge, MSW, LIC SW |
| Commission on Asian Pacific American Affairs | Ellen Abellera |
| Commission on Hispanic Affairs | Yvonne Lopez-Morton |
| Department of Agriculture..... | Eric Hurlburt |
| Department of Community, Trade & Economic Development | Annie Conant |
| Department of Early Learning..... | Felecia Waddleton-Willis, DO |
| Department of Ecology | Joy St. Germain |
| Department of Health..... | Sofia Aragon, JD, RN |
| Department of Social and Health Services | MaryAnne Lindeblad |
| Governor's Office of Indian Affairs..... | Craig Bill |
| Health Care Authority..... | Nancy Fisher, RN, MD, MPH |
| Office of Superintendent of Public Instruction | Martin Mueller |
| State Board of Health..... | Frankie T Manning, MN, RN |
| Workforce Training and Education Coordinating Board..... | Madeleine Thompson |
| Consumer Representative | Emma R. Medicine White Crow |
| Consumer Representative | Gwendolyn M. Shepherd |

Improve Health by Promoting Healthy Behaviors

Two of the most effective ways to improve the health of Washingtonians is to promote healthy behaviors and to assure early detection and treatment of disease. The Board has focused much of its efforts on making sure Washington's children get a healthy start and remain as healthy as possible throughout their school years. The Board relies heavily on best available science and the objective use of criteria to help guide its work.

In 2006, the Board elected to study a report commissioned by the American College of Medical Genetics. The report recommends that 29 disorders be included in all state newborn screening programs. Currently, Washington's newborn screening program does not screen for

16 of those conditions. Board rules determine the diseases (in addition to phenylketonuria) for which newborns must be screened. In September 2006, a technical advisory committee considered the 16 conditions against two criteria (treatment availability and detection/diagnostic availability) that are among the five criteria the Board uses to evaluate candidates for the mandatory screening panel. In 2007, a broader advisory committee will consider the 16 conditions against all five criteria and make recommendations to the Board.

Many new vaccines for children and young adults are expected to be available over the next few years. Most of these will end up on the Advisory Committee on Immunization Practices

(ACIP) *Recommended Childhood and Adolescent Immunization Schedule*. Factors other than those considered by the ACIP must be used to address the unique needs of our state. The Board created an Immunization Advisory Committee to recommend criteria that could be used

to determine which diseases children must be immunized against under a Board rule governing entry into child care centers and school. The committee developed nine criteria and a process for applying them. The nine criteria were further refined and tested against three antigens (pertussis, tetanus, and diphtheria) by a Technical Advisory Group before the Board adopted them in June.

In 2006, the Board updated the immunization rule to reflect the ages and intervals for immunization in the most recent ACIP schedule. This had the affect of replacing Td with Tdap for adolescents. Tdap is a combination vaccine that boosts protection against pertussis (whooping cough), diphtheria, and tetanus. Td contains antigens for tetanus and diphtheria only. Since pertussis rates are especially high in Washington, this provides important protection for our children. The Board is also working with its partners to design a study of ways to help schools promote improved compliance with existing immunization requirements.



Assure Natural and Built Environments that Promote and Protect Human Health and Safety

The Board spent a significant portion of its time in 2006 hearing issues related to school environmental health and safety. It devoted its entire November meeting to a study session of these issues. The Board had expected to adopt a revised school environmental health and safety rule during 2006, but the first public discussion draft released by Department of Health staff in March was seen as problematic by many stakeholders.

The Board decided to take a step back from rule-making to make sure it and the other parties involved understood the entire system for protecting the health and safety of Washington's children while they are attending school. The notion was to first develop a sense of how that system was working, then identify necessary changes across the system, and then finally to figure out how the Board might use its rule-making authority to promote those changes.

The Board received input from the many stakeholders throughout the year. It was touched by testimony from parents and teachers, and it also acknowledged the dilemma school districts face when they have to prioritize limited funds. It heard about excellent school district, educational service district, and local health agency programs to help assure school environmental health and safety. The Board sought to get enough information to provide direction to the Department of Health on how it

should proceed in 2007 when it resumes its effort to propose revisions to the Board's rule.

In 2006, the Board also revised its food worker card rules to recognize changes in law that would allow alternative training certification for adult family home workers. It adopted a revision to its rules for handling human remains to recognize recent changes in state law, allow waivers from requirements for immediate refrigeration of unembalmed remains, and establish new provisions local health officers could use during emergencies. The Board initiated a revision of its rules for drinking water laboratory certification and it continued discussions with the Department of Agriculture on harmonizing rules for dead animal disposal.

The Board sponsored a speaker for the 2006 Annual Educational Conference of the Washington State Environmental Health Association to help raise awareness of the health impacts of community design and the role that public health officials could play through better communication with community planners.



Membership



Front row, left to right: Kim Marie Thorburn, Keith Higman, David Crump, Karen VanDusen. Back row, left to right: Mary Selecky, Charles Chu, Mel Tonasket, Ed Gray, Mike Shelton, Frankie Manning

Consumers

Keith Higman is the Environmental Health Director for Island County Health Department and has worked in the field of environmental health for over 11 years.

Mel Tonasket served on the Colville Confederated Tribal Council for 19 years and was formerly chairman of the School Board for Paschal Sherman Indian School in Omak.

Elected City Officials

The Honorable David R. Crump, Ph.D., a child psychologist, is a Liberty Lake City Council Member and Spokane Health District Board member.

Elected County Officials

The Honorable Mike Shelton, Vice Chair, has served as Island County Commissioner since 1993 and also serves as a member of the Island County Board of Health.

Department of Health

Mary Selecky is secretary of the Washington State Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association. (Through July 2006)

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee. (Through July 2006)

Frankie T. Manning, R.N., M.P.H., is the Associate Director of Nursing Service at the Department of Veterans Affairs Puget Sound Health Care System.

Patricia Ortiz, M.D., is a family practice physician at the Wenatchee Valley Medical Center. (Beginning October 2006)

Karen VanDusen, R.S., M.S.P.H., is the Director of Environmental Health and Safety at the University of Washington.

Local Health Officers

Kim Marie Thorburn, M.D., M.P.H., Chair, was Spokane County's health officer and directed the Spokane Regional Health District from 1997-2006.

Board Staff

Craig McLaughlin, M.J., Executive Director
Heather Boe, Communications Consultant
Christy Curwick, M.P.H., Health Policy Advisor
Laurie Fait, Administrative Assistant
Desiree Day Robinson, Executive Assistant
Ned Therien, M.S., M.P.H, R.S., Health Policy Advisor
Tara Wolff, M.P.H., Health Policy Advisor

2007 Meeting Schedule

January 10, Tumwater

February 14, TBD

March 14, Tumwater

April 11, TBD

May 9, Winthrop

June 13, Pullman

July 11, TBD

August 8, Everett

September 12, TBD

October 10, Yakima

November 14, Tumwater

December 12, SeaTac

Meetings in italics are tentative.
Meeting dates and locations are
subject to change.

See www.sboh.wa.gov for updates.



Washington State Board of Health

101 Israel Road SE, Towncenter 1

PO Box 47990

Olympia, WA 98504-7990

Telephone: 360-236-4100

Fax: 360-236-4088

E-mail: wsboh@doh.wa.gov

Web: www.sboh.wa.gov